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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/590,095			ing Date 10/2007	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
· · · · · · · · · · · · · · · · · · ·			UMBER FIL		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
Ø	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A	(1)		N/A	300	
Ø	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A	400	
\boxtimes	(37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	200	
	TAL CLAIMS CFR 1.16(i))		11 minus 20 =		• 0		x \$ =		OR	x \$50 =	0	
	EPENDENT CLAIM CFR 1.16(h))		1 minus 3 =		· 0		x \$ =]	X \$200 =	0	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	ts of pap 50 (\$125 ional 50 : .S.C. 41(rings exceed 100 tion size fee due ty) for each tion thereof. See 37 CFR 1.16(s).						:		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									j			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		}	TOTAL	900	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTI												
AMENDMENT	08/16/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	* 11	Minus	 20	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 1	Minus	***3	= 0		x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	*	Minus	**	=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	•	Minus	***	=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))								•			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							i	OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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